

For a quote call (800)200-4467 Ext 210 or Fax to (925)828-6507 ask for Ed Evans Lic.0B52510

THE ITEMS WITH AN * REPRESENT INFORMATION VITAL TO US IN ORDER TO PREPARE A QUOTE

*PRINT NAME *		Bus. Phone	Ext.	FAX#
Address		City	Zip Code	Home Phone
Email Address				

My Current Auto Insurance is with _____ Date Auto Policy expires _____

My Present Coverage is:

*A. Bodily Injury Liability - \$ _____ per person, \$ _____ per accident.

B. Property Damage Liability - \$ _____ per accident.

C. Medical Payments - \$ _____ per person

*D. Comprehensive - deductible - \$100 _____ \$250 _____ \$500 _____ \$1000 _____

I do not carry comprehensive coverage on Vehicle # _____.

*E. Collision - Amount deductible - \$250 _____ \$500 _____ \$1000 _____.

I do not carry collision coverage on Vehicle # _____.

*F. Uninsured Motorist - \$ _____ per person \$ _____ each accident.

Description of Owned Automobile(s)

Car	Year	Make (Honda) *Bold Type are Examples	Model (Accord)	Body Style (2dr or 4dr) (Dx or Lx or Ex)	Engine Size: 4 or 6 or 8 Cyl	2 Wheel Drive (2WD) or 4 Wheel Drive (4WD)	Anti-Lock Brakes Y or N	Air Bags Y or N	Theft Alarm Y or N	# Miles to Work	Annual mileage
1	*	*	*								
2											
3											
4											

List All Drivers in the Household Including Yourself

Percentage of Use

First Name of all drivers including yourself	Relationship to you. (self wife son daughter)	Date of Birth	Sex M/F	Marital Status	Length of time Licensed	Occupation	Car 1 %	Car 2 %	Car 3 %	Car 4 %
*		*			*					

should equal 100%

*Highest level of education attained by you or your spouse

_____M.A./M.S./P.H.D_____B.A./B.S. Degree_____AA Degree_____High School_____Other

Good Student Discount (Full-time student under age 24 - "B" average or better) Yes_____ No_____

Describe any accidents or moving violations any listed driver has had, regardless of fault, during the last 36 months:

Accidents*

Driver's Name	Accident Date	Description and Dollar Amount of Damage - At Fault? Not at Fault?

Moving Violations*

Driver's Name	Violation Date	Violation Description

Do you own or rent your home? _____ My Current Homeowners Insurance is with _____

Date Homeowners Policy expires _____ I am interested in an Umbrella Liability Policy _____